

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90149 042 ****70.00

DOCUMENT # N17610

1. Entity Name

**LIVING GIFTS FOUNDATION OF THE COUNCIL ON AGING
 OF VOLUSIA COUNTY, INC.**

Principal Place of Business

Mailing Address

C/O GAIL CAMPUTARO
 160 N BEACH ST
 DAYTONA BEACH FL 32114
 US

C/O GAIL CAMPUTARO
 PO BOX 671
 DAYTONA BEACH FL 32115-0671
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2785991

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPUTARO, GAIL F.
160 N BEACH ST
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CD	PEPIN, MICHAEL A	10 JILL ALISON CIR	ORMOND BEACH FL 32176				
D	ELDREDGE, DAVID	1 FLORIDA PARK DRIVE #111	PALM COAST FL 32137	TD	RODDY, EDMUND	4777 CLYDE MORRIS BLVD;	PORT ORANGE, FL 32119
TD	SILBERMAN, BEN	200 S RIDGEWOOD AVE.	DAYTONA BEACH FL 32114	D			
SD	EUBANK, MARJORIE	220 S RIDGEWOOD AVENUE	DAYTONA BEACH FL 32114	SD	BOYER, PAULETTE	200 S. RIDGEWOOD AVE;	DAYTONA BCH FL 32114
VD	FRASER, ALAN R	5207 S ATLANTIC AVE # 723	NEW SMYRNA BEACH FL 32169				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the incorporator or organizer empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL A. PEPIN, CHAIRMAN
SIGNATURE REQUIRED

02/07/02

(386) 253-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)